

Board Of Pharmacy

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**APPLICATION FOR CONTROLLED SUBSTANCE
RESEARCH LICENSE**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, dispenses, or conducts research as described in P.A. 368 of 1978, as amended.

Type or Print Only

Board Use Only

Date of Licensure

License Number

I AM APPLYING FOR THE FOLLOWING:

- ☐ Schedule 2-5 Research (includes instructional) Fee: \$85.00 71-5304-3757
- ☐ Schedule 1 Research (includes instructional) Fee: \$85.00 71-5304-3757
- ☐ Analytical Laboratory Fee: \$85.00 71-5304-3757

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

INFORMATION TO BE INCLUDED WITH APPLICATION**All Applicants:**

- ☐ Credentials to Conduct the Proposed Research (including FDA & DEA approval)
- ☐ Protocol of the Proposed Research
- ☐ List of Controlled Substances & Doses to be Used
- ☐ Procedures for Storage & Security of Drugs
- ☐ List of Other Staff/Persons Involved

Analytical Laboratory (if conducting chemical analysis with a controlled substance listed in any schedule):

IN ADDITION TO INFORMATION REQUIRED FOR ALL APPLICANTS, PLEASE PROVIDE:

- ☐ Brief Resume Covering Activities Under Your Supervision

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Phone Number
Business Name		
Business Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		Michigan Permanent I.D./License Number and Expiration Date
County	Federal Employer #	

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name	
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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